Community Planning Aberdeen

Completion Report: 12.4	Project 12.4 Increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023.
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Governance Group	CPA Board – 28 June 2023

Purpose of the Report
This report presents the results of the LOIP Improvement Project Aim 12.4 which sought to increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023 and seeks approval to end the project.

Summary of Key Information
1. BACKGROUND 1.1 The UK Chief Medical Officer published recommendations on low risk alcohol consumption in 2016. Higher risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term. Low risk consumption is now advised as being no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units. Pregnant women and those planning a pregnancy are recommended to not drink any alcohol at all. The Scottish Health Survey tells us that across Grampian, one in three men and one in six women regularly drink more than 14 units a week. Drinking more than 14 units a week is reported more commonly in people living in our most affluent areas compared to our most socioeconomically deprived areas. Those at greatest risk of harm and premature mortality from alcohol consumption however are those in the least affluent groups. Our more socially disadvantaged communities are also more likely to live in areas with high densities of off-sales premises and other opportunities to purchase alcohol at a time when in real terms it is far more affordable than was the case twenty or thirty years ago. 1.2 An alcohol brief intervention (ABI) is a preventative approach. It is an established cost effective means of reaching out to and changing drinking patterns of a wide range of people who may not be aware of alcohol units, the lowered drinking risk limits and the risks associated with alcohol consumption. Within primary care, it is estimated that for every eight brief

interventions delivered, one person will reduce their alcohol consumption levels to low risk levels and sustain this over the next 12 months.

2. IMPROVEMENT PROJECT AIM

2.1 Against this background, in February 2022 the Alcohol and Drugs Partnership approved a revised charter for the continuation of the project which sought to increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023.

2.2 Within Aberdeen City ABIs have been delivered since 2009. In 2018/19, 4471 ABIs were delivered to Aberdeen City residents with 2316 of these delivered in primary care which was the lowest number recorded in recent years. A 2018 Cochrane review by Kaner et al on the effectiveness of ABIs in primary care concluded that there was moderate quality evidence that brief interventions can reduce alcohol consumption in hazardous and harmful drinkers compared to no intervention. The time period that was considered was up to 10 minutes with little additional effect likely from longer counselling. ABIs therefore represent a minimally invasive cost effective measure to reduce alcohol consumption and corresponding harms and the fall in primary care uptake represents a missed opportunity to reach those who might benefit from the intervention.

3. WHAT CHANGES DID WE MAKE?

3.1 The following are areas of improvement which were set out initially or developed in the course of the project as tests of change:

Link workers & primary care: The change idea for link workers involved introduction of a section on their assessment and data recording paperwork for alcohol screening and brief intervention delivery.

Police Custody Health Care Facilities: Health care teams providing care to people in police custody will screen for alcohol use and for alcohol withdrawal. They will deliver brief interventions and also have a pathway to refer people to appropriate services for support.

HMP Grampian: Both prison and custody suite have been using a two stage ABI screening process using the FAST screening tool to determine first of all eligibility for ABIs: those with a FAST score of 4 or greater go on to receive an ABI. See impact session for data return to end of 2022.

Online ABI-style quiz delivery: Aligning with project 12.5 development of a short quiz (Alcohol Aberdeen) based on the WHO AUDIT questionnaire the resulting score from which can be used to tailor advice at the appropriate level according to someone's risk of harm and provide a prompt to encourage them to seek further help.

Accident & Emergency as ABI Setting: Test the provision of ABIs or their hospital equivalent: FAST (Fast Alcohol Screening Test) in an Accident and Emergency room during weekend out of hours. We don't have a breakdown of out of hours ABI delivery and not clear if this has been collated, bust as seen in Figure 1 below, the trend in 'wider settings' including ARI is encouraging.

Aberdeen City Housing Officers will receive ABI training with the potential to reach ~22,000 social housing tenants – a high risk group for excess / harmful alcohol consumption. Alcohol Focus Scotland have delivered basic alcohol awareness training to the City Housing / Justice Social Worker teams and ABI

training has been scheduled to be delivered on 17th May 2023 (see bullet point 7.2: Opportunities for scale-up, P7).

Community Justice Social Work: The improvement idea is to include alcohol screening into the assessment paperwork of social work teams working in the justice settings and create online training resource materials to support screening and feedback on the score. One champion will be identified to provide support to new staff, collect figures and explore reasons for variation in delivery within the service.

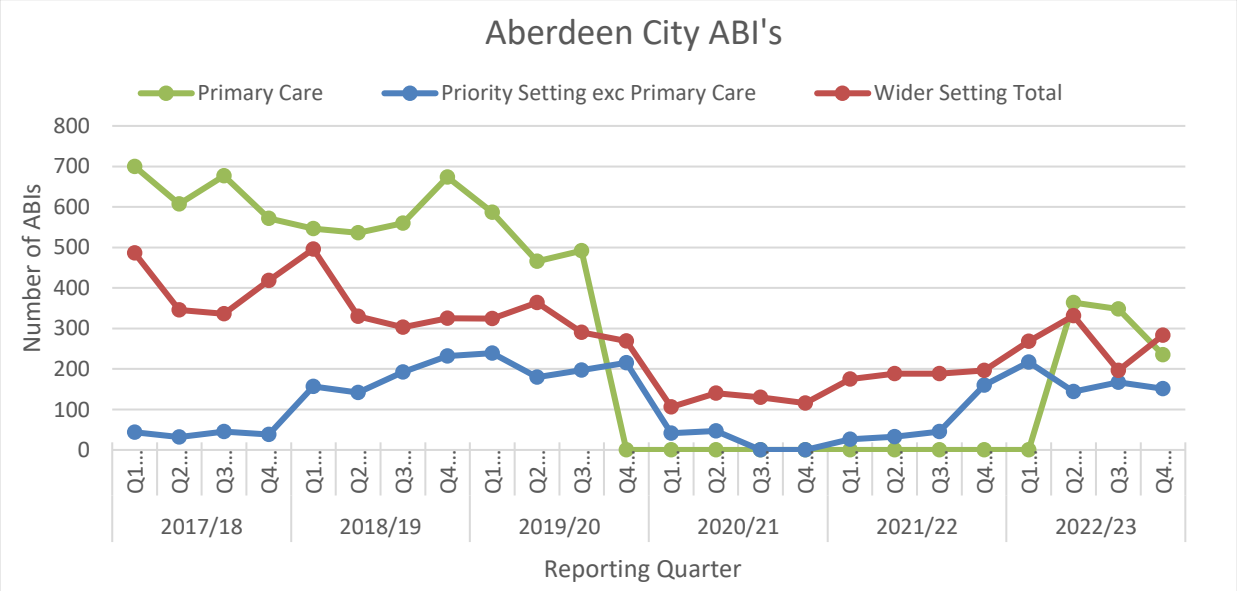
4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 There has been a 37% decrease in the number of ABI carried out from the baseline year (2017/18) to 2022/23, however this is an improvement from 2017/18 to 2021/22 which showed a 76% decrease. These decreases are mainly due to the impact of COVID and that ABI's were stopped in most settings, especially in primary care. ABI's restarted in primary care in Q2 2022/23.

4.2 ABI's in GP practices have now re started - 947 ABI for 2022/23. For the reporting period Oct-Dec 2022, 50% less ABIs were reported in GP practices compared to the same quarter in 2018/19, which was the last reported quarter from GP practices. GP practices however re started ABIs part way through the quarter (Oct - Dec 22) therefore it is reassuring to see the numbers delivered increasing again. Across all settings there has been a 167% increase in ABI numbers already from 2021/22 (full year) to 2022/23 (full year).

4.3 Comparing Q2 Jul - Sep 22, with Q3 Oct - Dec 22, there was a 34% increase in ABIs across all settings and a 206% increase in priority settings (144 to 440), however there was a 41% decrease in Wider settings (331 to 196) over the same time period. This could simply be a reporting delay from prison and custody suite settings which could explain most of the shortfall: see comment from LOIP summary:

"*Note that prison data has not yet been submitted for Q3 2022/23 therefore has not been included in the Q3 wider setting figures. Missing prison data will not account fully for the 41% decrease in Wider Settings ABIs. Based on average prison ABI numbers we could expect the wider setting ABIs to reduce by only approximately 30% if this data becomes available to add in, rather than the 41% currently shown.*



Notes

- ***Primary Care*** *is ABI's carried out at GP practices*
- ***Priority Settings excluding Primary Care*** *includes A&E, Wards 101 and 103 ARI, Sexual Health and Maternity.*
- ***Wider Settings*** *include all settings other than GPs and other priority settings. This includes Alcohol Liaison Nurse Service, ADA, HMP Grampian, Kittybrewster Custody Suite ADA, SamH Link Workers.*

4.4 The project has also seen improvements as a result of the changes tested, specifically, ABIs are now delivered in three more settings (police custody, HMP Grampian and link workers) and two further settings currently being trained to deliver these (ACC Housing and Criminal Justice). Focus on wider settings will be key to ensuring a whole population approach and reaching people not engaged with the primary care service. Widening the number of settings for ABI delivery is a continued priority. Specific impact from the current wider settings is described below:

Link Workers

4.5 Three individuals were identified as champions. The champions then worked with individual practitioners to ensure that all referrals where poor mental health, loneliness/ social isolation was identified were also screened – and they were able to provide expert advice on how to do this in a client centred way. The total result for wider settings facilitated by the link workers had increased to 1078 ABIs for the full year 2022/23 (see table 1).

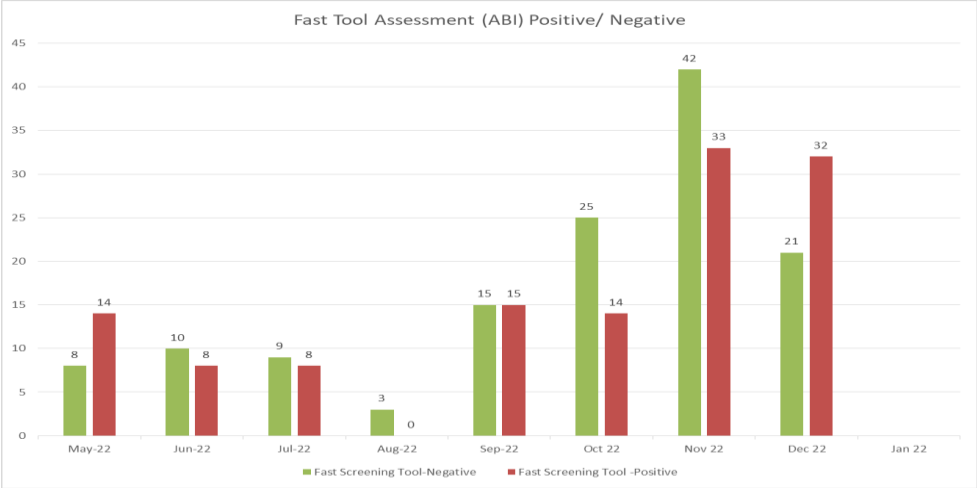
4.6 Kittybrewter Police Custody

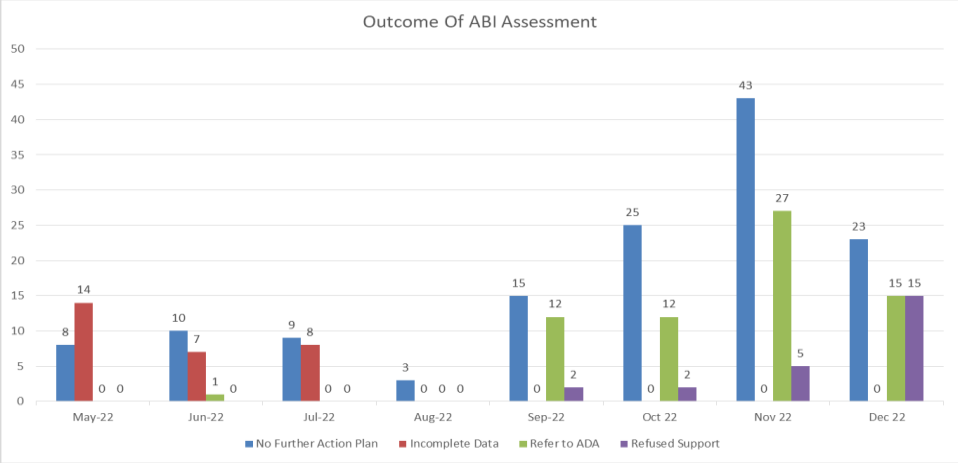
One champion was identified to provide support to new staff, collect figures and explore reasons for variation in delivery within the service. From September 2022, NHS Custody suite and prison staff were able to access online ABI training through TURAS. ABIs have been implemented in Kittybrewster custody suite. The continued use of paper based reporting systems in CJ settings however has meant that reporting completion rates have been less than ideal, although the summary report from the prison states that it presents prison & custody suite data combined (see next section). Ideally the custody suite would be able to use the online questionnaire developed by alcohol drugs action (ADA), which would facilitate the automated collation of results and conversion rates (i.e. to onward referral routes). While the reporting of ABIs has improved from the custody suite, it remains based on a system of paper records both here and in the prison service. Better integration of IT systems would be of significant benefit in addressing this.

HMP Grampian

4.7 As highlighted in tests of change section, prison and custody suite report using a two stage process of FAST questionnaire followed by ABIs where FAST score is greater than 4.0: (Note: monthly totals do not tally as there may be a delay in progressing to full ABI and data currently only to end 2022):

Figure 2: FAST Tool Assessment: ABI Positive & Negative AND Figure 3 (below): ABI Assessment Outcome





Accident & Emergency

4.8 FAST questionnaires have been implemented as planned in ARI. ARI data is reported combined with other priority settings as described in table footnote.

ABI INFORMATION 2023: January – March
By reported patient residence

Hospital – All Wards & A&E	CITY	SHIRE	MORAY	OTHER
TOTAL	184	54	4	10

Table 1: Annual ABI Totals by setting category since 2017/2018:

	Number of ABI's					
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Priority Setting Total	2715	3039	2376	88	264	1626
Wider Setting Total	1586	1454	1247	492	747	1078
Primary Care	*2556*	*2316*	*1545*	*0*	*0*	*947*
Priority Setting exc Primary Care	*159*	*723*	*831*	*88*	*264*	*679*
Total ABIs	**4301**	**4493**	**3623**	**580**	**1011**	**2704**

Table continued	% Difference Between Baseline year and 2022/23	% Difference Between 2021/22 and 2022/23
Priority Setting Total	-40%	516%
Wider Setting Total	-32%	44%
Primary Care	*-63%*	*100%*
Priority Setting exc Primary Care	*327%*	*157%*
Total ABIs	**-37%**	**167%**

- ***Primary Care*** *is ABI's carried out at GP practices*
- ***Priority Settings excluding Primary Care*** *includes A&E, Wards 101 and 103 ARI, Sexual Health and Maternity.*
- ***Wider Settings*** *include all settings other than GPs and other priority settings. This includes Alcohol Liaison Nurse Service, ADA, HMP Grampian, Kittybrewster Custody Suite ADA, SamH Link Workers.*

Overall summary:

4.9 While the targeted threshold at the outset, to return primary care ABIs to pre-pandemic levels in 2018 has not been met, there is clear evidence of progress in this direction after a prolonged period of inactivity during and after the Covid pandemic, which saw substantive changes in the way primary care operated. If we look only at yearly data for instance, the trend is one of more or less consistent improvement across all settings being monitored (table 1) and Q4 figure are still to be added to the total. Also relevant to the longer term trends, the tests of change to what are essentially complex systems, were always likely to take time to show improvements. By the same rationale, when changes are initiated in a complex system, they can re-inforce one another in the desired direction of travel.

4.10 The changes have been embedded and have led to the following: (1) new training is available and available to staff in all settings), (2) we have non-health setting trainers in development (3) we have broadened the scope of ABI offering (4) we have restarted in Primary Care (5) we have reportable data from all settings.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 While the extent of improvement has not met the prescribed target at the outset, it is clear that ABI implementation and participation is increasing and continuing to expand to other settings, such as the Council's Housing service. It is therefore not unreasonable to expect that the recent improvement trends will be sustained. There are clearly also a number of identifiable improvements that can be introduced, based on the ongoing experience with the above tests of change:

- Continue to share the experiences of participating primary care practices in local networks, so that other practices might be encouraged participate.
- Determine what remaining barriers need to be addressed in order to implement a more automated and accessible delivery platform (such as the electronic format developed by ADA) for ABIs in both custody suites and prison settings
- Maintain accessible and practical ABI delivery training for all Health and Social Care Staff across the region, at present co-ordinated from Moray Council.

- Evaluate implementation progress for Housing and Criminal Justice staff with a view to rolling out to other wider frontline services.

4 HOW WILL WE MONITOR THESE IMPROVEMENTS?

6.1 The lessons learned as part of this project will continue to inform best practice in ABI implementation and ensuring that access continues to widen and be extended to the highest need population groups (such as social housing tenants, who should ultimately be reached via the housing officer training). A meeting of the leads in each setting will be held with the view to develop a single electronic recording system to ensure a consistent approach to the recording of ABIs and that the referral rate is captured. This will ensure robust monitoring and also help identify areas for future improvement.

6.2 ABI reporting is a requirement of the NHS Grampian Local Delivery Plan and reportable to the Scottish Government and the ADP through the Delivery Plan.

6.3 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Alcohol and Drugs Partnership, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 As detailed above, there are clearly identified areas for improvement and expansion of ABI access that ought not to be limited by the conclusion of this LOIP directed project. The adoption of an electronic delivery platform in high need settings such as those in criminal justice facilities and pro-actively targeting higher risk population sub-groups such as social housing tenants, are two aspects of the current extended work that have significant potential to reduce the population harm from alcohol by reducing consumption in those key groups.

7.2 <u>Training update re ABIs for wider ACC Departments:</u> An ACC staff member is currently training to be an ABI trainer with the intention of delivering ABI training to ACC staff initially. There is training organised for the 17th May with a test group of Housing and Support Officers. If training is well received, further training will be rolled out to Housing and Support staff as well as Justice Social Work and other relevant frontline services in non-clinical settings.

Recommendations for Action
It is recommended that the CPA Board:
i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that whilst the aim has not been achieved, the impact of Covid-19, in particular on delivery of ABIs in primary care has been notable and despite this the changes have been embedded and have led to improvements; and
ii) To note that further improvement activity in relation to alcohol interventions would be considered by the ADP as part of the refresh of the LOIP.

Opportunities and Risks
Opportunities: • Primary care practices are once again able and willing to participate in the delivery of alcohol brief interventions to their patient populations under the provision of the revised LES. There is considerable scope to further extend primary care participation, so there ought to be ongoing effort to encourage this. • A locally developed electronically delivered ABI tool / questionnaire led by alcohol and drugs action is now live and offers the prospect of extending ABI access (incorporating self-completion and onward self-referral) to anyone accessing the link. Since the scoring is electronically documented and collated, this does away with relying on paper records which are challenging to store and collate, making this a potentially viable solution for criminal justice settings. Risks: • After initial enthusiasm and take up from primary care practices, service pressures or limitations in training capacity might once again curtail the capacity of staff to continue to participate in providing ABIs. In order to counter this risk, the value of ABIs in primary care needs to be publicised and levels of training maintained. • Continuation of IT incompatibilities and data-sharing hurdles for the purposes of ensuring onward referral (including self-referral) where appropriate, could frustrate the utility and effectiveness of ABI roll out across non-traditional settings. In order to safeguard against this scenario, joint attention and effort by multiple stakeholders will be required to ensure that delivery platforms work seamlessly with onward referral services.

Consultation
ADP CPA Management Group

Background Papers
The following papers were used in the preparation of this report. Charter 12.4

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APPENDIX I

Update: Full 2022-23 – Including Quarter 4 and Wider Settings

		Intervention Area - Priority Settings											
Financial Year	**Period**	**LES Total**	**LES City**	**LES Shire**	**LES Moray**	**Family Planning**	**GUM**	**ARI A&E**	**DGH A&E**	**Antenatal**	**Moray MH**	**Shire MIU**	**Total**
2022-23	**Q1**	0					49	248					297
	Q2	644	364	164	116		27	184					855
	Q3	675	348	194	133		30	193					898
	Q4	630	235	223	172		21	176		11			838
		1949	**947**	**581**	**421**	**0**	**127**	**801**	**0**	**11**	**0**	**0**	**2888**

Wider Settings					Total Interventions
City	**Shire**	**Moray**	**Unknown**	**Total**	
268	974	109	1	1352	1649
331	284	49	3	667	1522
196	116	89	2	403	1301
283	128	15	3	429	1267
1078	1502	262	9	**2851**	**5739**

Target 2022-23 6658
80% of interventions to be carried out in priority settings = minimum of 1332 interventions must be done in priority settings per quarter to meet target.

Performance at Q4
1267 interventions have been done in Q4 5% below trajectory for target of 6658. Overall for the year performance in Grampian is 14% below target of 6658.

% Target Achieved	Priority	All
Q1	6%	25%
Q2	16%	23%
Q3	17%	20%
Q4	16%	19%

Interpretation:

Levels of ABI activity appear to be sustained across the region, though the numbers have been relatively stable rather than increasing over the four quarters of 2022/23. Not clear how overall NHSG targets were set – will seek clarification. The returns for Primary care in City practices for Q4 appear to indicate a decline in ABI delivery.